

Supreme Court Tour Registration Form



Date of request: _____

Requested date of visit:

1st choice

2nd choice

Time of visit:

a.m./p.m.

a.m./p.m.

No. of Students: _____

No. of Chaperones: _____

Grade Level: 1 2 3 4 5 6 7 8 9 10 11 12

Contact Person(s): _____

School or Organization's Name: _____

Address: _____ City, State Zip: _____

Phone #: () _____ Fax #: () _____

E mail Address: _____

Does any person in the group require special accommodations? If so, please elaborate: _____

Will the group observe oral arguments?

If so, please indicate the time.

10
a.m.

11
a.m.

12
noon

Would you like the group to hear a presentation:

Yes

No

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